

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
COMMUNITY BASED ADULT SERVICES (CBAS)**

**CBAS Eligibility Determination Tool (CEDT):
Patient Health Record Quick Guide**

A. The below classes are categorically eligible for CBAS. <i>Confirmation can only be obtained via DHCS unless documentation in health record is indisputable. Attach documentation to CEDT.</i>				
B. Presumptively eligibility confirmed utilizing IPC				
C. Unconfirmed classification by ADHC. Refer to CBAS Screening Tool completed by ADHC Center prior to onsite review.	D. Stage of Alzheimer's disease or dementia. Utilize "Guide to Determine Alzheimer Disease Or Dementia Stages". Refer to social work, nursing, occupational and speech therapy for documentation of cognitive functioning.			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> E. DIAGNOSES: <i>History and Physical signed by a physician or other licensed medical staff communication.</i> </td> <td style="width: 50%; padding: 5px;"> MEDICATIONS: <i>History and Physical signed by a physician, other physician communication or nursing med sheet</i> </td> </tr> </table>			E. DIAGNOSES: <i>History and Physical signed by a physician or other licensed medical staff communication.</i>	MEDICATIONS: <i>History and Physical signed by a physician, other physician communication or nursing med sheet</i>
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F. MEDICATION ADMIN. ADHC nursing quarterly assessment documentation, "Medication Administration" flow sheets , All self administration of meds taken at Center should be verified by MDT, RN or MD.				
G. ADL/IADLs: Independent: Able to perform for self with or without device; Needs Supervision: no physical help or cueing required but needs monitored, even with device; Needs Assistance: physical help or cueing required even with device; Dependent: Unable to do for self even with physical help, cueing or device	Health Record Placement ADLs Ambulation: <i>Physical therapy/Occupational therapy</i> Bathing: <i>Nursing and/or Occupational therapy</i> Dressing: <i>Nursing and/or Occupational therapy</i> Feeding: <i>Nursing and/or Occupational therapy and/or Dietary</i> Toileting: <i>Nursing and/or Occupational therapy</i> Transferring: <i>Physical therapy/Occupational therapy</i> <i>(Social work notes may document caregiver perspective)</i> <u>IADLs</u> Hygiene: <i>Nursing and/or Occupational therapy/Social work</i> Medication Mgmt.: <i>Nursing/History Physical/Social work</i> <u>Additional IADL</u> Exceptions for NF A Requirement: Transportation: <i>Social Services</i> Access Resources: <i>Social Services</i> Meal Preparation : <i>Social Services or Occupational therapy</i> Money Management : <i>Social Services/Occupational therapy</i>	H. ASSISTIVE SENSORY DEVICES <i>Most commonly documented by Occupational Therapist at time of enrollment. Also documentation may be in nursing assessments and reassessments.</i>		

I. SYSTEMS REVIEW. Describe nursing interventions needed.

1. NEUROLOGICAL Consider physician identified diagnoses and review assessments found in nursing and occupational therapy sections. Some information may be found in Physical Therapy

2. RESPIRATORY/CARDIAC

Consider physician identified diagnoses and review assessments found in nursing section.

3. GASTROINTESTINAL/GENITOURINARY

Consider physician identified diagnoses and review assessments found in nursing and occupational therapy sections. Some information may be found in dietary section.

4. ENDOCRINE

Consider physician identified diagnoses and review assessments found in nursing section.

5. INTEGUMENTARY

Consider physician identified diagnoses and review assessments found in nursing section.

6. MUSCULO-SKELETAL

Consider physician identified diagnoses and review assessments found in physical therapy section.

7. OVER-ALL SIGNIFICANT FACTORS

Consider physician identified diagnoses and review assessments found in nursing, occupational therapy and social services sections.

J. Current Care Plan and Circumstance Description

Current - Services	Intervention and Frequency of Treatment
Professional Nursing Services	List nursing interventions being provided by ADHC as identified on the IPC. Flow sheets will provide additional documentation of care provided.
Personal Care / Social Services	List social service and personal care interventions being provided by ADHC as identified on the IPC. Flow sheets will provide additional documentation of care provided
Therapeutic Services	List physical/occupational/speech interventions being provided by ADHC as identified on the IPC. Flow sheets will provide additional documentation of care provided
In-Home Supportive Services:.	IHSS hours are commonly documented in social services or on page two of the current IPC.
Caregiver situation:	Social service quarterly documentation will identify current caregiver status and effectiveness of informal and formal support system. Flow sheets will provide additional information.
Home environment issues:	Social service quarterly documentation will identify current caregiver status and effectiveness of informal and formal support system. Flow sheets will provide additional information.